

Guidelines for Reporting & Documenting Job-Related Injuries/Illnesses

References: None

Related Topics:
None

1. TRAUMATIC INJURY

This type of injury is defined as a wound or other condition of the body caused by external force, including physical stress or strain. It must be identifiable by time and place of occurrence and a member or function of the body affected. Further, it must be caused by a specific event or incident or a series of events or incidents within a single day or work-shift.

1. Employee - Immediately advise your supervisor that you sustained an on-the-job injury.
2. Supervisor - If immediate emergency medical treatment appears necessary, personally escort your employee to the Base Medical Facility. If employee does not wish to be treated by Air Force physicians, he/she must still go the Base Medical Facility to obtain appropriate forms in order to see his/her private physician. Immediately notify your Safety Representative/Monitor of the accident or incident. Normally, a safety incident report must be filed with the installation Safety Office.
3. Employee - If initial and follow-up treatment is available at the Base Medical Facility, you are asked to use their services in order to help reduce Federal Employees' Compensation Act (FECA) costs and cases. You have the right, however, to be seen by your private physician, so long as he/she is not on the Office of Workers' Compensation (OWCP) exclusion list which is maintained in the Civilian Personnel Flight (CPF). Prior OWCP approval should be obtained before seeing a chiropractor. If you elect to see your private physician, you may not later

approval or referral by your attending physician. It is your responsibility to:

1. Obtain timely examination/treatment from your physician. If he/she is unavailable, you must choose another physician. Have your physician complete Forms CA 16, Authorization for Examination and/or Treatment, and CA 17, Duty Status Report, and return them to your supervisor who will then send it to the CPF.
2. Advise your physician of the availability of [light duty](#) and part-time duty.
3. Notify your supervisor of your duty status immediately following treatment, provide appropriate medical evidence, and keep your supervisor informed of your status.
4. Employee - Report your injury by completing Form CA 1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation, and submit to your supervisor within 2 workdays of the injury. If you are incapable of completing the CA 1, have someone submit it on your behalf. Give detailed and specific information. In Block 15 of the CA 1, specify whether time lost from work due to the work-related injury should be charged to [sick leave](#), [annual leave](#) or [Continuation of Pay](#) (COP). COP is the continuation of an injured employee's regular pay, for up to 45 calendar days, without charge to leave. All periods of COP must be supported by a doctor's certificate. To be eligible for COP, you must submit the CA 1 within 30 calendar days of the injury. Statutory time requirements for other FECA benefits will be met if the CA 1 is filed no later than 3 years after the injury. If you elect sick leave or annual leave, you may not later request the absence be charged to COP. You may,

writing that future absences be charged to COP. Since your benefits are based on your claim it is important to complete the CA 1 as carefully as possible.

If the injury is witnessed, you should obtain the name, telephone number, and written statement from each witness. It is your responsibility to provide prompt and accurate information and submit appropriate medical documentation to support your claim and all absences from work. Additionally, you must return to duty, regular or light duty, full-time or part-time, as soon as you are able.

5. Supervisor - Ensure receipt of the CA 1 within 2 workdays. Complete and return Receipt of Notice of Injury portion of the CA 1 to your employee. Upon receipt of the CA 1, carefully review the form for completeness, investigate the accident and document completely on the form, interview the witness(es), complete appropriate safety forms, controvert questionable claims, and submit the CA 1 and related documentation to the CPF within 2 workdays of our receipt from the employee.
6. Employee - If you receive emergency treatment from the Base Medical Facility, you will be advised in writing what their examination revealed about your condition, what your restrictions are, if any, and when you can return to duty, either regular or light duty, full-time or part-time. If the Base medical Facility refers you or you request to see your private physician, you may not later change physicians without prior OWCP approval or referral by your attending physician. At the Base Medical Facility, your supervisor will issue you Forms CA 16; CA 17 Duty Status Report, which your private physician must complete and you must return to your supervisor to forward to the

hours of the injury. The CA 16 guarantees payment and is only good for 60 days from the date of issuance. If the 48-hour timeframe is not met, a CA 20, Attending Physician's Report, will be issued, however, it does not guarantee payment.

7. Employee/Supervisor - If no time is lost from work other than on the day of injury and no medical bills are incurred, no further action is required.
8. Employee - If time is lost, all absences must be supported by a medical statement. If medical bills are incurred, the originals must be forwarded to the CPF, who will then forward them to OWCP.
9. Supervisor - If time is lost from work and the employee elects COP, forward the medical certification to the CPF. Copies of all OWCP-related information should be retained by you; however, all original documentation should be forwarded to the CPF. Additionally, you must annotate the Time and Attendance (T&A) Sheet in accordance with AFM 177-372A, Vol II, Time and Attendance Reporting - Civilian Pay, and provide a copy to the CPF of the T&A sheet for each pay period that COP is charged.
10. Employee/Supervisor - Submit CA 17 for every follow-up doctor appointment.
11. Supervisor - In cases where the medical evidence shows that recovery within the 45-day COP period is unlikely, send Form CA 7/20, Claim for Compensation on Account of Traumatic Injury, to the employee 5 days before the COP period expires. Upon receipt of completed CA 7/20, complete Statement of Official Superior portion and forward the original to the CPF.
12. Supervisor - Submit CA 3, Report of Termination of Disability and/or Payment, when: (1) the employee returns to work after being in a COP status, or (2) when the employee stops receiving COP but does not

[pay](#) (LWOP), sick leave, or annual leave, or (3) when the employee is released from light duty to full duty.

13. Employee/Supervisor - If after returning to duty, the employee is again disabled and stops work as a result of the original injury, the recurrence must be reported on Form CA 2a, Notice of Employee's Recurrence of Disability and Claim for Pay/Compensation. If the employee has not used up all 45 days of COP and the recurrence is within 90 days of the return to duty from the original injury, the absence may be charged to COP.
14. Employee - If COP has been exhausted or 3 months have elapsed, you must elect sick leave, annual leave or LWOP. If sick leave or annual leave is elected to avoid possible interruption of income, you may later "buy back" the leave when/if compensation is approved by OWCP. You must be in a LWOP/non-pay status in order to receive compensation. Compensation is payable after a 3-day waiting period; however, no waiting period is required when there is a permanent injury or where the disability causing wage loss exceeds 14 days.
15. Supervisor - Submit LWOP [SF 52, Request for Personnel Action](#), when LWOP exceeds 80 consecutive hours. Submit Return to Duty SF 52 and Form CA 3 upon employee's return to duty.
16. Employee - Submit Form CA 7/20 once COP is exhausted and Forms CA 8, Claim for Continuing Compensation on Account of Disability, bi-weekly until you return to duty.

2. OCCUPATIONAL DISEASE OR ILLNESS

This is defined as being produced by systematic infection, continued or repeated stress or strain, exposure to toxins, poisons, fumes, noise, etc., in the work environment over a longer period of time than 1 day or work-shift. In order to qualify as a disease or illness, the injury must be caused by exposure or activation on at least 2 days.

1. Employee - Submit CA 2, Federal Employee's Notice of Occupational Disease and Claim for Compensation, within 2 calendar days after you become aware the disease or illness is job-related; however, statutory time requirement will be met if the CA 2 is filed no later than 3 years after the date you became aware the disease or illness was job-related. If time is lost from work, you may elect [sick leave](#), [annual leave](#), or [LWOP](#). If sick leave or annual leave is elected, you may also "buy back" the leave when/if your claim is approved by OWCP. You must be in an LWOP status in order to receive compensation.

Compensation is payable after a 3-day waiting period; however, no waiting period is required when there is a permanent injury or where the disability causing wage loss exceeds 14 days. Persons disabled as a result of occupational disease are not eligible to receive [COP](#). To improve the processing of occupational disease claims, OWCP has developed checklists which tell both the employee and the supervisor what factual information is required before medical questions can be explored. There are 7 special checklists for conditions which are commonly claimed and an 8th checklist for use when the condition does not fall into one of the 7 categories. The checklists are: CA 35a - General Checklist, CA 35b - Hearing Loss, CA 35c - Asbestosis, CA 35d - Coronary/Vascular Conditions, CA 35e - Skin Diseases, CA 35f - Pulmonary/Respiratory (not asbestos-related), CA 35g - Psychiatric Illness, and CA 35h - Carpal Tunnel Syndrome.

2. Supervisor - Issue employee a CA 20 to determine medical condition and forward completed form to the CPF. A CA 16 is never authorized for an occupational

[light duty](#) as required.

3. Employee - Forward medical bills to the CPF for forwarding to OWCP.
4. Employee - If time is lost due to occupational disease or illness, complete and submit CA 7 to supervisor to complete and submit to the CPF.
5. Employee - Complete and submit CA 8 bi-weekly to supervisor to complete and forward to the CPF until you return to duty.
6. Supervisor - Submit LWOP SF 52 when LWOP exceeds 80 consecutive hours. Submit Return to Duty SF 52 when employee returns to duty.

IMPORTANT REMINDER: Supervisors should retain a copy of all completed forms and documentation. All original forms and documentation must be forwarded to the Civilian Personnel Flight for case processing. All periods of absence due to a job-related injury or occupational disease/illness must be supported by a physician's statement.